

# APPENDIX

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The dating stamp of the  
Patent Office on this card  
will be taken as an indication  
that the accompanying paper  
was filed

LETTER RE COMPLETION OF FILING  
REQUIREMENTS FOR INTERNATIONAL  
APPLICATION ENTERING U.S.  
NATIONAL STAGE IN U.S. ELECTED  
OFFICE (EO/US) UNDER 35 USC 371 in  
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Label 11-F, April 2004



EV 908693109 US



UNITED STATES POSTAL SERVICE®

**Post Office To Addressee**

ORIGIN (POSTAL SERVICE USE ONLY)			DELIVERY (POSTAL SERVICE USE ONLY)		
PO ZIP Code <b>15219</b>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ <b>14.40</b>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date Accepted <b>8/23/06</b>	Scheduled Date of Delivery Month <b>8</b> Day <b>24</b>	Return Receipt Fee \$	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day Year	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee Insurance Fee \$ \$	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <b>4:50</b>	Military	Total Postage & Fees \$ <b>14.40</b>	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Flat Rate <input type="checkbox"/> or Weight <b>3.60</b> lbs. ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials <b>(Mueh)</b>	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Int'l Alpha Country Code			<input type="checkbox"/> <b>WAIVER OF SIGNATURE (Domestic Mail Only)</b> Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
CUSTOMER USE ONLY			<input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
METHOD OF PAYMENT:			Customer Signature		
Express Mail Corporate Acct. No.			Federal Agency Acct. No. or Postal Service Acct. No.		
<b>FROM: (PLEASE PRINT)</b> PHONE ( ) <b>THE ACSON LAW FIRM</b> <b>435 7TH AVE</b> <b>700 KOPPERS BLVD</b> <b>PITTSBURGH PA 15219-1826</b> <b>USA</b> <b>5000-053079 (RDO:nap)</b>			<b>TO: (PLEASE PRINT)</b> PHONE ( ) <b>MAIL STOP. PCT</b> <b>COMMISSIONER FOR PATENTS</b> <b>PO BOX 1450</b> <b>ALEXANDRIA VA 22313-1450</b> <b>USA</b> <b>ATTN: DO/EO/US</b>		
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